

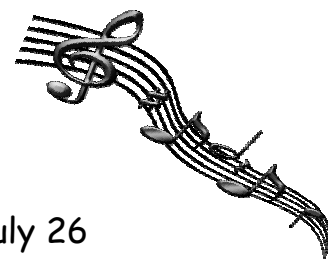
# NEWINGTON PARKS & RECREATION PRESENTS



## Summer Music - 2012

For children entering grades 4 & up

Start a brand new instrument! If you already play, you can join the band or the orchestra! Summer Music is gearing up for another spectacular season! From Beginners to Advanced musicians, here's your chance to further your instruction and have fun throughout the summer months!



Location: John Wallace Middle School  
Coordinator: Paul Kemp  
Program Dates: Monday through Friday, June 25 through July 26  
(no program July 4)  
Concert: Evening of July 25 at John Wallace Middle School  
(details to follow)  
Fee: \$90 for residents / \$110 for non-residents  
Program ID: **8473**

Find the schedule and other important information at:  
<http://PatersonMusic.net/SummerMusic.html>

### Important Program Information

- ⇒ Instruments must be rented from the student's school or from a dealer before program begins.
- ⇒ To find information regarding each musician's performing group and lesson time, visit <http://PatersonMusic.net/SummerMusic.html> for the schedule. Times may change slightly based on the number of participants registered for the program.
- ⇒ Students must be signed in and out of the program by a parent or guardian. Students who walk or bike ride to and from the program must be given permission on the registration form.
- ⇒ Once students are signed in, they are not permitted to leave the program for any reason. Students who do leave the building without permission will be removed from the program immediately.
- ⇒ Students whose lessons are interrupted by occasional absences or vacation may resume their study upon returning.
- ⇒ Any medical concerns or special needs must be noted on your child's registration form.



# SUMMER MUSIC REGISTRATION FORM - 2012



## PARTICIPANT INFORMATION:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 1 Cell: \_\_\_\_\_

Parent 2 Name: \_\_\_\_\_ Parent 2 Cell: \_\_\_\_\_

**If applicable, please identify in the space below your child's history of medical conditions or surgical procedures, special needs, therapy programs and/or regularly taken prescription medications:**

**Emergency Contact Information:** Please provide an additional contact (not residing with you) that we can contact in case a parent/guardian cannot be reached.

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

## PICK-UP AUTHORIZATION:

I hereby authorize the following person(s) to pick up my child from the Summer Music Program located at John Wallace Middle School. If there are any changes to these arrangements, I will give written notice. Parent/guardian must be included on this release.

Parent/Guardian Name: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please check if applicable:** My child is allowed to ☐ **WALK** ☐ **BIKE** to and from the program.

## INSTRUMENTS:

Child's School: \_\_\_\_\_ Current Grade: \_\_\_\_\_ Instrument child will play at Summer Music: \_\_\_\_\_

Instrument Played at Current School: \_\_\_\_\_ Years of Study: \_\_\_\_\_

**Assumption of Liability:** Participation in the activity may involve risk or injury. As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. I hereby agree to release, discharge and hold harmless the Town of Newington, its employees, contracted instructors and volunteers from the liabilities which may occur while participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the Town of Newington does not provide accident/medical insurance for the program participants. In addition, I give permission for the participant to be treated by qualified medical personnel in the event that the above named parent/guardian/emergency contact cannot be reached at the phone numbers provided. The Newington Parks & Recreation Department reserves the right to photograph program participants for publicity purposes. Please be aware that these photos are for Newington Parks & Recreation's use only and may be used in future catalogs, websites, brochures, pamphlets and/or flyers.

**I have read, understand, and agree to the terms and conditions of this form.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Fee** (please circle): **\$90 (Residents)** **\$110 (Non-Residents)** **Program ID: 8473**

Circle Method of Payment: ☐ Cash ☐ Check ☐ Credit Card (VISA, Mastercard, Discover)

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_ Security Code \_\_\_\_\_